



CITY OF FRANKFORT, KY
 License Fee Division
 P O Box 697
 Frankfort, KY 40602
 (502) 875-8500
www.frankfort.ky.gov

MAILING ADDRESS

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NET PROFIT LICENSE FEE RETURN

FOR YEAR ENDED	DUE ON OR BEFORE
CITY NET PROFIT ACCOUNT NUMBER	
Date business began: _____ If organization was discontinued, state when Dissolution _____ Sale _____ Final Return _____	
S.S. # OR FED. I.D. #	
PLEASE MAKE COPY FOR YOUR RECORDS	

**COPY OF APPLICABLE
 FEDERAL RETURN
 OR SCHEDULE
 MUST BE ENCLOSED**

Fed. Sch. C (1040)
 Fed. 1041
 Fed. 1065
 Fed. 1120

**FEDERAL RETURN
 SHOULD INCLUDE:**

- 1.) Cost of Goods Sold Schedule
- 2.) Schedule of "Other Deductions"

*****EXTENSIONS**- To be granted an extension, please forward a copy of your Federal Extension to our office. Extensions must be received on or before the date of this return. ***

**BUSINESS CLASSIFICATION
 (CHECK ONE):**

- ☐ CORPORATION ☐ PARTNERSHIP
☐ INDIVIDUAL ☐ OTHER

Make check payable to:
 Director of Finance, City of Frankfort

Mail to:
 LICENSE FEE DIVISION
 MUNICIPAL BUILDING
 P O BOX 697
 FRANKFORT, KY 40602

1. Total Gross income per Federal Return, Form _____ \$ _____
2. Total Business Deductions per Federal Return \$ _____
3. Net Business Income per Federal Return \$ _____
4. ADD items not deductible (Life F, Schedule B) \$ _____
5. Total (Line 3 plus Line 4) \$ _____
6. DEDUCT items not subject (Line M, Schedule B) \$ _____
7. ADJUSTED NET BUSINESS INCOME (Line 5 Less Line 6) \$ _____
8. If schedule C (Line 4) is used, enter AVERAGE PERCENTAGE _____ %
9. NET PROFITS subject to Frankfort License Fee (Line 7 x Line 8) \$ _____
10. Frankfort License Fee @ 1.75% of amount on Line 9 \$ _____
11. Minimum License Fee - see instructions \$ _____
12. Compare Amounts on Line 10 and Line 11. Enter Larger Amount \$ _____
13. Credits, Estimated Payments and/or 1st Year Registration \$ _____
14. Refund or Credit. If Line 13 is greater than Line 12 Enter Difference \$ _____
 (Refund _____ Credit _____)
15. Balance Due, If Line 12 is Greater Than Line 13, Enter Difference as
 License Fee Due \$ _____
16. Late Payment Penalty- 5% Per Month or Portion of Month Not to
 Exceed 25%. **However it shall Not be Less Than \$25.00** \$ _____
17. Interest - 1% Per Month or Portion of Month Until Paid \$ _____
18. Total Amount Due (Add Lines 15, 16, 17) \$ _____

Schedule B

Note: Add and/or Deduct Only Those Items Which Are Included in Calculating Net Income Per Federal Return

ITEMS NOT DEDUCTIBLE - ADD

- A. State or Local taxes based on income \$ _____
- B. License Fee under this Ordinance \$ _____
- C. Net Operating Loss Carryover \$ _____
- D. Partner's Salaries (Attach Schedule) \$ _____
- E. Other (Attach Schedule) \$ _____
- F. TOTAL ADDITIONS (enter on line 4) \$ _____

ITEMS NOT SUBJECT - DEDUCT

- H. Interest on Corporate Bonds \$ _____
- I. Interest on U.S. Govt Securities \$ _____
- J. Royalties on Patents, Copyrights \$ _____
- K. Dividends \$ _____
- L. Other - Attach Schedule \$ _____
- M. TOTAL DEDUCTIONS (enter on line 6) \$ _____

Schedule C

Business Allocation Percentage - Divide (Column A) by (Column B) to obtain decimal. Carry out at least six places.

Allocation Factors	Column A Frankfort Factor	Column B Total Factor	Column C Percentage
1. Total Gross Business Receipts			%
2. Total Wages, Salaries & Other Personal Service Comp paid to Employees			%
3. Total Percents			%
Average Percentage (Line 3 divided by number of percents)		Enter on Line 8 _____	%

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

Return Must Be Signed

Signature of Preparer

Date

Signature of Taxpayer

Date